

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 02/23/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: COMBINATION THERAPY FOR TREATMENT  
OF ERECTILE DYSFUNCTION  
Attorney Docket Number:: 10692V-000220US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: A.  
Family Name:: Adams  
Name Suffix::  
City of Residence:: Kingston  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of Mailing Address::  
City of Mailing Address:: Kingston  
State or Province of mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Jeremy  
Middle Name:: P.W.  
Family Name:: Heaton  
Name Suffix::  
City of Residence:: Gananaque  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of Mailing Address::  
City of Mailing Address:: Gananaque  
State or Province of mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Donald

Middle Name:: H.

Family Name:: Maurice

Name Suffix::

City of Residence:: Kingston

State or Province of Residence:: Ontario

Country of Residence:: Canada

Street of Mailing Address::

City of Mailing Address:: Kingston

State or Province of mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This one Continuation 09/177,711 October 23, 1998

**Foreign Priority Information**

Country::	Application number::	Filing Date::
PCT	PCT/CA97/00264	April 23, 1997
UK	9608408.2	April 23, 1996

**Assignee Information**

Assignee Name::	Cellegy Pharmaceuticals Inc.
Street of mailing address::	349 Oyster Point Boulevard, Suite 200
City of mailing address::	South San Francisco
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94080